

Counseling the High Need Mother

Lisa Marasco MA IBCLC

© 2008 Lisa Marasco

Who is she ?

OVERVIEW *of common personality, mental & relational disorders*

Borderline Personality Disorder

- ✓ Often very intelligent
- ✓ Fears abandonment- frantically works to avoid it
- ✓ Instability of personal relationships
- ✓ Often engages in self-mutilation
- ✓ Substance abuse not uncommon
- ✓ Chronic feelings of emptiness



Borderline...

Splitting- first you're wonderful, then you're the villain

Projection- emotion attributed to the other person that really reflect mother's own emotions

Anger- sudden, inappropriate, intense; may act in or out

May dissociate- she looks like she is listening, but she is somewhere else. May be very hard to pick up on.

Behavior may be manipulative, though not intentionally

Histrionic Personality Disorder

- The center of attention
- The drama queen..... theatrical, exaggerations
- May come across as "phony"
- Considers relationships to be more intimate than they may really be
- May come up with a crisis *du jour* to maintain relationship



Counseling the High Need Mother

Narcissist

- Exaggerated sense of importance
- Requires excessive attention
- Sense of entitlement
- May exploit and feel little empathy
- Can be arrogant and disrespectful
- The narcissist can be demeaning of health professionals because it detracts from his sense of mastery and omniscience

Dependent personality disorder

- anxiety disorder causes no tolerance for uncertainty; wants rules for everything
- Cannot make decisions without huge amounts of advice
- Will go to great lengths to win support
- may report false progress to please LC



OCD

- Obsessed with details, rules, order, control, structure; may fixate on one aspect of care
- Has difficulty delegating



Bi-polar disorder

- Manic
- Depressive



Depression

- Baby Blues
- PPD
- PP Psychosis



Situational:

- Marital/Partner difficulties
- Extended family problems



Counseling the High Need Mother

History of unresolved trauma

- ❖ Sexual abuse- mother may be conflicted about decision to breastfeed, physical help; may experience phantom pain.
- ❖ Pregnancy loss
- ❖ Child loss



Identifying her

- Instinctual knowledge- *clinician's reactions*
- Inconsistent client reports
- Affect- *degree of expression*
 - Appropriateness to the situation
 - Stability of emotions
 - Depression



Counseling Concerns

- Emotional Support-
 - behave consistently and compassionately, with boundaries
- Active listening & empathy
 - can help identify issues and help client feel cared about
- Help mother to rightly interpret the issues
 - Watch mother-baby interactions
 - Cues and misinterpretations



counseling concerns...

- Developing a plan of care:
 - be realistic*
 - Idealization from borderline or dependent clients may tempt LC to promise the moon or make heroic efforts on client's behalf
 - Failure to keep unrealistic promises may trigger borderline rage.
- Re-negotiating care plan



The Role of the LC

- Know your limitations; you can't be her counselor
- Maintain your personal boundaries
 - How often are you willing to have contact?
 - How long each time?
 - Don't dive in head first or promise the world; causes confusion and pain
- Cooperating as part of the health care team- work together, not in isolation. Communication is key...



How to know when you're in over your head

- Impasses- mother not responsive to suggestions
- Lack of knowledge/expertise- you don't have a thorough grounding on the issues
- No improvement- situation is not getting better

When is enough, enough?



"...personality disorder patients may not be as effective as other people in obtaining sufficient love, attention, and nurturance in the usual ways, they are more likely to resort to secondary gain." -Pare

Helping a mother make the decision

How far do we push?

- Listen to your gut
- Be honest about the prognosis

Options available

- Referral to other professionals
- Throw in the towel

Dealing with feelings of failure & guilt

The LC's feelings:

"If only I had....."

- Apologize if needed
- Learn from your mistakes
- It's not always about you.....

forgive & forget

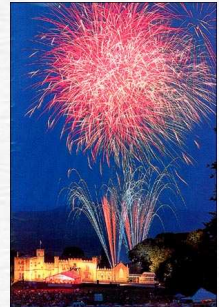


The mother's feelings

- Allow mother to vent
- Validate mother's feelings

Private Practice issues

- High expectations- you may be mom's "last hope" before she quits
- Higher risk clients- those who first line people couldn't help



When and how to refer

Optional vs. critical referral

- Is mother a danger to self or baby?

Maintaining relationship with mother

- Show concern about breastfeeding, baby's health, mom's well-being

Releasing client

- Registered letter of release with list of other sources of help
- Document reasons for release in chart

Possible resources

- Community mental health,
- support groups,
- private therapy,
- hospitalization,
- Child Protective Services
- Know your local laws
- Intervention & support agencies vs CPS



© Copyright Lisa Marasco 2007